

**Free Immunization Resources for Clinicians
Order Form**

N.C. Immunization Branch

View all materials at <http://www.immunize.nc.gov/providers/forproviders.htm>

Fax form to: 800-544-3058

Facility Name and Provider ID Number

Name of Person Requesting Order

Phone Number

Street Address of Facility

City, State, Zip Code

Date

Clinical

Quantity needed

_____ Lifetime Immunization Record (DHHS 1065)
_____ Vaccine Administration Record (DHHS 4041)
_____ Adult Vaccine Administration Record (DHHS 4057)
_____ Adult Vaccination Record (wallet size) (DHHS 4040)
_____ NCIR Chart Stickers
_____ Vaccine Transfer Form (DHHS 4058)
_____ Pneumococcal Pocket Guide
_____ Influenza Pocket Guide
_____ School Entry Requirements Pocket Guide
_____ Vaccine Adverse Event Reporting System Form
_____ (VAL 121) Vaccine Administration Log
_____ Standards for Pediatric Practice

Vaccine Ordering, Storage and Handling

Quantity Needed

_____ Vaccine Requisition Form (DHHS 1227)
_____ Refrigerator/Freezer Temperature Storage Log
_____ Refrigerator Warning Sticker (Do Not Unplug)
_____ Quilt Checklist for Vaccine Deliverers
_____ Wasted/Expired Form (DHHS 3974)
_____ Material Order Form (DHHS 1422)
_____ Return Mailing Label for Wasted/Expired Vaccine

State and Federal Rules and Laws

_____ Vaccine Injury Compensation
(NC Immunization Law)
_____ NC Immunization Rules/Laws Booklet
_____ Medical Exemption Statement Form (DHHS 3987)
_____ Physicians Request Medical Exemption form (DHHS 3995)